

PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with:

issuable fee, to:

Box ISSUE FEE

Assistant Commissioner for Patents
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Please Legibly re-type with any corrections or use Block 1)

QM12/1218

AUDLEY A. CIAMPORCERO, JR
ONE JOHNSON & JOHNSON PLAZA-INTELLECTUAL
NEW BRUNSWICK NJ 08933-7003

Note: The certificate of mailing must only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Paula A. Hein

(Depositor's name)

Paula A. Hein

(Signature)

March 12, 2001

(Date)

APPLICATION NO.	FILED DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/858,389	05/19/97	003	KDD, B	3764 12/18/00
First Named Applicant	FOERSTER, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION METHODS AND DEVICES FOR DEFINING AND MARKING TISSUE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPL. TYPE	SMALL ENTITY	FILE DUE	DATE DUE
END 415 1-1028000	606-116.000	W50	UTILITY	YES	4/23/01	03/19/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.262). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (for Change of Correspondence Address form PTO/SB112) attached.

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB47) attached.

2. For printing on the patent front page, list (1) the names of up to 8 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (treating as a member a registered attorney or agent) and the names of up to 8 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Indication of assignee data is only appropriate when... an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. Rec. 11/25/94 & 8/4/98 Reel 1237 & 8359

(A) NAME OF ASSIGNEE Ethicon Endo-Surgery, Inc. Frame 062 & 045

(B) RESIDENCE (CITY & STATE OR COUNTRY) Cincinnati, OH

Please check the appropriate assignee category indicated below (fill not to be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee

☐ Advance Order - # of Copies

4b. The following fees or deficiency in fees less should be charged to:

DEPOSIT ACCOUNT NUMBER 10-0750

(ENCLOSE AN EXTRA COPY OF THIS FORM)

☒ Issue Fee

☒ Advance Order - # of Copies 3

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Reg. No.

(Date)

32,839

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual cases. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

03/15/2001 00000067 100750 00052809

01 FC:142

1240.00 CH

02 FC:561

5.00 CH

TRANSMIT THIS FORM WITH FEE